

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF UNITED STATES OF AMERICA	U.S. DISTRICT COURT EASTERN DISTRICT-WI FILED	COURT CASE NUMBER 10-CR-6
DEFENDANT SUJATA SACHDEVA	2011 OCT -3 A 10:08	TYPE OF PROCESS 2ND FINAL ORDER AND JUDG.
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN JON A. SANFILIPPO		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) CASHIER'S CHECK IN THE AMOUNT OF \$268,246.86 FROM SALE OF GAZEBO HILLS REAL PROPERTY		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW SCOTT J. CAMPBELL, AUSA U.S. ATTORNEY'S OFFICE 517 E. WISCONSIN AVE. MILWAUKEE, WI 53202		Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

PLEASE DISPOSE OF ITEM 1 ACCORDING TO LAW.

CATS: 10-FBI-001351

Signature of Attorney other Originator requesting service on behalf of: S/SCOTT J. CAMPBELL, AUSA (LM)	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 414-297-1700	DATE 9/29/11
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 89	District to Serve No. 89	Signature of Authorized USMS Deputy or Clerk [Signature]	Date 09/30/11
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 09/30/11 Time 0930 <input type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy [Signature]

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

MONIES DEPOSITED INTO THE AFF

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

09/30/11 c